MI FluFocus

Influenza Surveillance and Avian Influenza Update

Bureau of Epidemiology
Bureau of Laboratories

Michigan Department of Community Health
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New updates in this issue:

- **Michigan Surveillance:** Influenza activity is upgraded to "Regional" levels for the week ending Sept. 26.
- **National Surveillance:** U.S. influenza activity increases; 26 states report "Widespread" activity.
- **International Surveillance:** WHO reports increasing activity in the temperate Northern Hemisphere.

****2009 Influenza A (H1N1) virus Updates****

Ed. Note: Since MDCH and CDC are conducting aggregate influenza reporting (i.e. reporting of all flu viruses, not just cases due to 2009 H1N1 influenza), the data from the 2009 Influenza A (H1N1) virus Update section of *MI FluFocus* has been moved to relevant Michigan and National Surveillance sections.

On August 17 and September 18, MDCH released guidance for healthcare providers, laboratorians and public health personnel regarding appropriate patients for influenza testing at the MDCH lab and reporting of influenza hospitalizations and deaths. The guidance is available at www.michigan.gov/h1n1flu.

Please continue to reference the State of Michigan's novel 2009 influenza A (H1N1) website at www.michigan.gov/h1n1flu and the MDCH influenza website at www.michigan.gov/flu for additional information. Local health departments can find guidance documents in the MI-HAN document library. In addition to the previous websites, additional laboratory-specific information is located at the Bureau of Laboratories H1N1 page at http://www.michigan.gov/mdch/0,1607,7-132-2945_5103-213906--,00.html.

International (WHO Pandemic (H1N1) 2009 update 67 [edited], September 25): As of 20 September 2009, there have been more than 300,000 laboratory confirmed cases of pandemic influenza H1N1, 3917 deaths, in 191 countries and territories reported to WHO.

As more and more countries have stopped counting individual cases, particularly of milder illness, the case count is significantly lower than the actually number of cases that have occurred. While the case counts no longer reflect actual disease activity, WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and member states and through monitoring of multiple sources of data.

In the temperate regions of the northern hemisphere, influenza-like-illness (ILI) activity continues to increase in many areas. In North America, the United States has reported continued increases in activity above the seasonal baseline for the last 2 to 3 weeks, primarily in the southeast but now also appearing in the upper midwest and the northeast. In Europe and Central and Western Asia, the United Kingdom is reporting regional increases in ILI activity in Northern Ireland and Scotland and the Netherlands, France, Ireland, and Israel are reporting rates above the seasonal baseline. In Japan, influenza activity continues to be slightly above the seasonal epidemic threshold. The increases in ILI activity have been accompanied by increases in laboratory isolations of pandemic influenza H1N1 2009 in most of these areas.

In the tropical regions of the Americas and Asia, influenza activity remains variable. In parts of India, Bangladesh and Cambodia, influenza transmission continues to be active, while other countries in the Southeast Asia have been recently reporting declining transmission (Indonesia, Singapore and Thailand). Although most countries in the tropical regions of the Americas are still reporting regional to widespread geographic spread of influenza activity, there is no consistent pattern in the trend of respiratory diseases. Peru and Mexico have reported an increasing trend in some areas, while most others are reporting an unchanged or decreasing trend (most notably Bolivia, Venezuela and Brazil).

In the temperate regions of the southern hemisphere, influenza transmission has largely returned to baseline (Chile, Argentina, and New Zealand) or is continuing to decline (Australia and South Africa).

All pandemic H1N1 2009 influenza viruses analyzed to date have been antigenically and genetically similar to A/California/7/2009-like pandemic H1N1 2009 virus. See below for a detailed laboratory surveillance update.

Systematic surveillance conducted by the Global Influenza Surveillance Network (GISN), supported by WHO Collaborating Centres and other laboratories, continues to detect sporadic incidents of H1N1 pandemic viruses that show resistance to the antiviral oseltamivir. To date, 28 resistant viruses have been detected and characterized worldwide. All of these viruses show the same H275Y mutation that confers resistance to the antiviral oseltamivir, but not to the antiviral zanamivir. Twelve of these drug-resistant viruses were associated with the use of oseltamivir for post-exposure prophylaxis. Six were associated with the use of oseltamivir treatment in patients with severe imunosuppression. Four were isolated from samples from patients receiving oseltamivir treatment. A further two were isolated from patients who were not taking oseltamivir for either treatment or prophylaxis. Characterization of the remaining viruses is under way. Worldwide, more than 10,000 clinical specimens (samples and isolates) of the pandemic H1N1 virus have been tested and found to be sensitive to oseltamivir.

WHO has just concluded its Vaccine Composition Meeting for the Southern Hemisphere and has made recommendations for the composition of the influenza virus vaccine for use in the 2010 southern hemisphere influenza season. WHO recommends that influenza virus vaccines for use in the 2010 influenza season (southern hemisphere winter) contain the following strains: A/California/7/2009 (H1N1)-like virus; A/Perth/16/2009 (H3N2)-like virus; and B/Brisbane/60/2008-like virus.

	Cumulative total as of 20 September 2009	
	Cases*	Deaths
WHO Regional Office for Africa (AFRO)	8264	41
WHO Regional Office for the Americas (AMRO)	130448	2948
WHO Regional Office for the Eastern Mediterranean (EMRO)	11621	72
WHO Regional Office for Europe (EURO)	At least 53000	Over 154
WHO Regional Office for South-East Asia (SEARO)	30293	340
WHO Regional Office for the Western Pacific (WPRO)	85299	362
Total	At least 318925	Over 3917

*Given that countries are no longer required to test and report individual cases, the number of cases reported actually understates the real number of cases.

******Influenza Surveillance Reports******

Ed. Note: The 2009-2010 influenza season will begin on October 4, 2009. Influenza data will be reset at that time, except for influenza hospitalizations and deaths, which will be reported from September 1, 2009 per CDC guidance.

Michigan Disease Surveillance System: The week ending September 26 saw both aggregate flu-like numbers and individual influenza reports increase slightly. Novel influenza reports saw an increase over the previous week's numbers as well. Aggregate numbers are consistent with numbers seen this time last year, while individual and novel influenza reports are slightly higher.

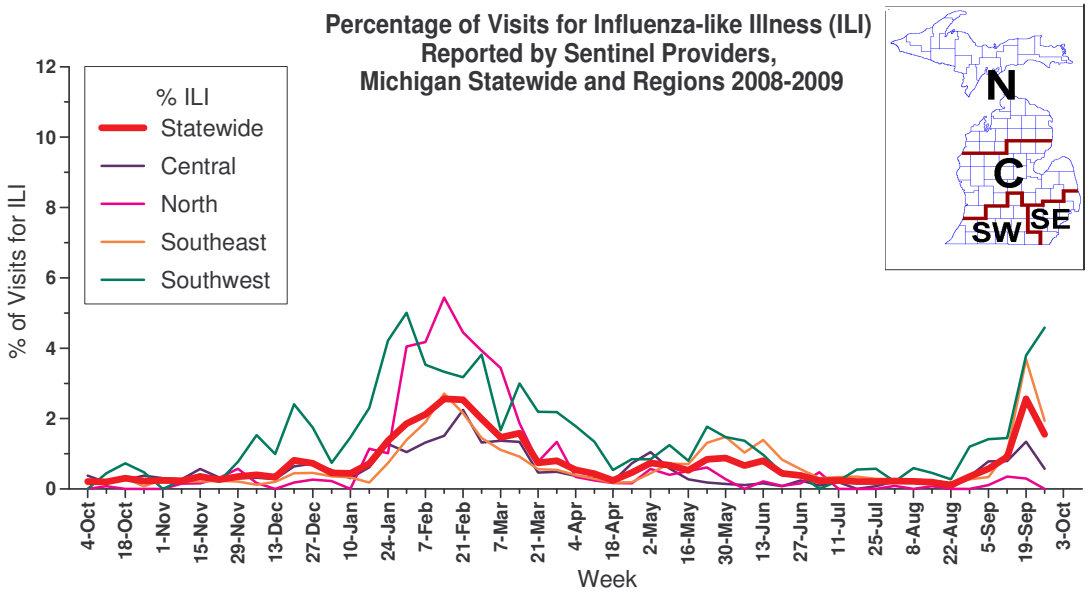
During the week of September 20-26, 2009, 5915 cases of flu-like illness and confirmed and probable cases of seasonal and novel influenza were reported in Michigan. 11 hospitalizations and 1 death associated with influenza were also reported. This report is updated every Tuesday by 5:00 pm and can be accessed at a link on this website: http://www.michigan.gov/h1n1flu.

Emergency Department Surveillance: Emergency department visits from both constitutional and respiratory complaints increased compared to the previous week's levels. Both constitutional and respiratory numbers are slightly higher than numbers seen at this time last year. One constitutional alert in the SE(1) Influenza Surveillance Region and eleven respiratory alerts in the C(2), N(2), and SE(5) Influenza Surveillance Regions including two Statewide alerts were generated last week.

Over-the-Counter Product Surveillance: Overall, OTC product sales were mixed last week. Chest rubs and cough/cold medication saw a slight increase over the previous week's levels. The remaining

indicator sales held steady near last week's numbers. The indicator levels are comparable to those seen at this time last year with the exception of thermometers, which is slightly higher.

Sentinel Provider Surveillance (as of October 1): During the week ending September 26, 2009, the proportion of visits due to influenza-like illness (ILI) decreased compared to the previous week at 1.6% overall; 176 patient visits due to ILI were reported out of 11,322 office visits. Twenty-eight sentinel sites provided data for this report. Activity increased in one surveillance region, Southwest (4.6%), and decreased in the Central (0.6%), Southeast (1.9%) and North (0.0%) regions. Six colleges and universities submitted reports with a mean ILI percent of 2.5%. Please note that the reporting website was unavailable on a peak reporting day; these rates will likely change as additional reports are received.



As part of pandemic influenza surveillance, CDC and MDCH highly encourage year-round participation from all sentinel providers. New practices are encouraged to join the sentinel surveillance program today! Contact Cristi Carlton at 517-335-9104 or CarltonC2@michigan.gov for more information.

Laboratory Surveillance (as of October 1): During the past week, no new seasonal influenza isolates were identified at the MDCH Bureau of Laboratories. For the 2008-2009 season, MDCH BOL has identified 320 seasonal influenza isolates (followed by Influenza Surveillance Regions of origin):

- 189 A/H1N1 or A/H1 (63SE, 43SW, 26C, 57N)
- 12 A/H3N2 or A/H3 (5SE, 3SW, 1C, 3N)
- 119 B (24SE, 45SW, 14C, 36N)
  - 9 B/Florida/4/2006-like (4SE, 1SW, 1C, 3N)
  - 108 B/Malaysia/2506/2004-like (20SE, 43SW, 12C, 33N)
  - 1 untypable (SW)
  - 1 pending subtyping (C)

8 sentinel laboratories reported for the week ending September 26, 2009. 3 labs reported steady or sporadic influenza A positives (SE, SW, C), and 5 labs reported zero influenza A positives (SE, C, N). 1 lab reported sporadic influenza B positives (C), and 8 labs had zero influenza B positives (SE, SW, C, N).

Michigan Influenza Antigenic Characterization (as of October 1): 38 influenza seasonal A/H1N1 isolates have been antigenically characterized by the CDC; results indicate all seasonal isolates are A/Brisbane/59/2007-like, which matches the influenza A/H1N1 component of this season's Northern Hemisphere vaccine. 2 influenza A/H3N2 isolates has been characterized as A/Brisbane/10/2007-like, which matches the A/H3N2 component of this season's vaccine.

11 Michigan pandemic influenza A (H1N1) specimens have been antigenically characterized by the CDC; all have been characterized as A/California/07/2009-like (H1N1)v. This strain is the variant reference virus selected by WHO as a potential candidate for pandemic influenza A(H1N1) vaccine.

20 influenza B isolates have been antigenically characterized by the CDC. 3 influenza B isolates have been characterized as B/Florida/4/2006-like, which matches the influenza B component of this season's

vaccine. 17 influenza B isolates have been characterized as B/Brisbane/60/2008-like, which does not match this season's vaccine, but is a recommended component of the 2009-2010 vaccine.

Michigan Influenza Antiviral Resistance Data (as of October 1): 39 influenza seasonal A/H1N1 viruses from the MDCH Bureau of Laboratories have been tested for antiviral resistance at CDC for the 2008-2009 season. All 39 viruses were resistant to oseltamivir (Tamiflu®) and sensitive to zanamivir, amantadine and rimantadine. These viruses were collected in the SE(15), SW(13), C(3) and N(8) Influenza Surveillance Regions. 4 influenza A/H3N2 isolates, collected in the C(2) and N(2) Regions, have been tested for antiviral resistance; these viruses were resistant to the adamantanes (amantadine and rimantadine) and sensitive to oseltamivir and zanamivir.

8 Michigan pandemic influenza A (H1N1) specimens have been evaluated by CDC for resistance to the adamantane class of antiviral medications; all specimens were resistant. 6 specimens were evaluated for resistance to oseltamivir and zanamivir; all were sensitive to these antivirals. For information about antiviral susceptibility for swine-origin influenza A (H1N1), go to http://www.cdc.gov/h1n1flu/antiviral.htm.

19 influenza B isolates, collected in the SE(8), SW(2), C(1) and N(5) Regions, have been tested for antiviral resistance; these viruses were sensitive to oseltamivir and zanamivir (the adamantanes are not effective against B viruses).

Antiviral resistance testing often takes several weeks to complete, and thus cannot be used to guide treatment of individual patients. However, CDC has made interim recommendations regarding the use of antiviral medications for the treatment of influenza and for prophylaxis. This guidance is available at http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00279.

Seasonal Influenza-Associated Pediatric Mortality (as of October 1): Three influenza-associated pediatric mortalities (1 influenza A (SW), 2 influenza B (SE)) have been reported to MDCH for the 2008-2009 influenza season.

***The CDC has asked all states to collect information on any pediatric death associated with influenza infection. This includes not only any death in a child (<18 years) resulting from a compatible illness confirmed to be influenza by an appropriate diagnostic test, but also any unexplained death with evidence of an infectious process in a child. Please immediately call MDCH to ensure that proper clinical specimens are obtained. View the complete MDCH protocol online at http://www.michigan.gov/documents/mdch/ME_pediatric_influenza_guidance_v2_214270_7.pdf.

Influenza Congregate Settings Outbreaks (as of October 1): Three congregate setting outbreaks (1C, 2N) due to seasonal influenza (1 influenza A, 1 influenza B, 1 unsubtyped) have been reported to MDCH for the 2008-09 influenza season.

6 congregate setting outbreaks in Michigan associated with pandemic influenza A H1N1 have been reported to MDCH (1SE, 3SW, 1C, 1N).

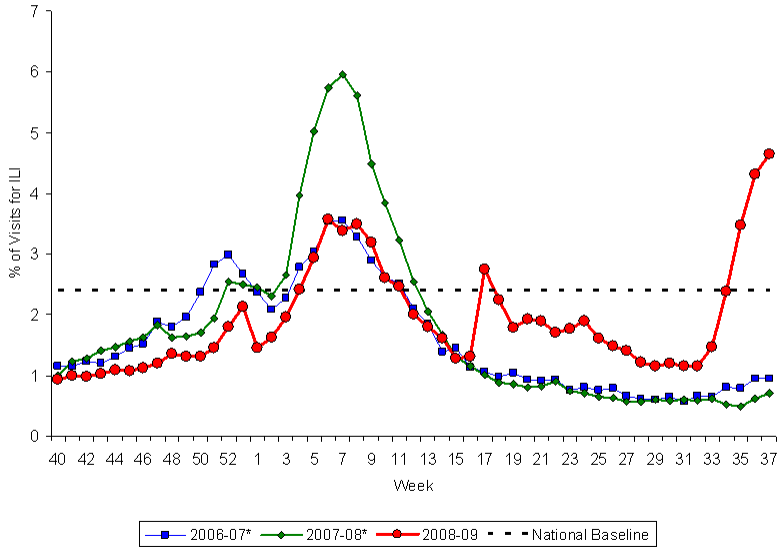
National (CDC [edited], September 25): During week 37 (September 13-19, 2009), influenza activity increased in the U.S. During week 37: 2,326 (23.9%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza. 99% of all subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold. Three influenza-associated pediatric deaths were reported and all three were associated with 2009 influenza A (H1N1) virus infection. The proportion of outpatient visits for influenza-like illness (ILI) was above the national baseline. Regions 2 through10 reported ILI above region-specific baseline levels; only Region 1 was below its' region-specific baseline. Twenty-six states reported geographically widespread influenza activity, 11 states reported regional influenza activity, 12 states, the District of Columbia, and Puerto Rico reported local influenza activity, one state and Guam reported sporadic influenza activity, and the U.S. Virgin Islands did not report. The 2009-10 influenza season officially begins October 4, 2009.

Antiviral Resistance Testing Results:

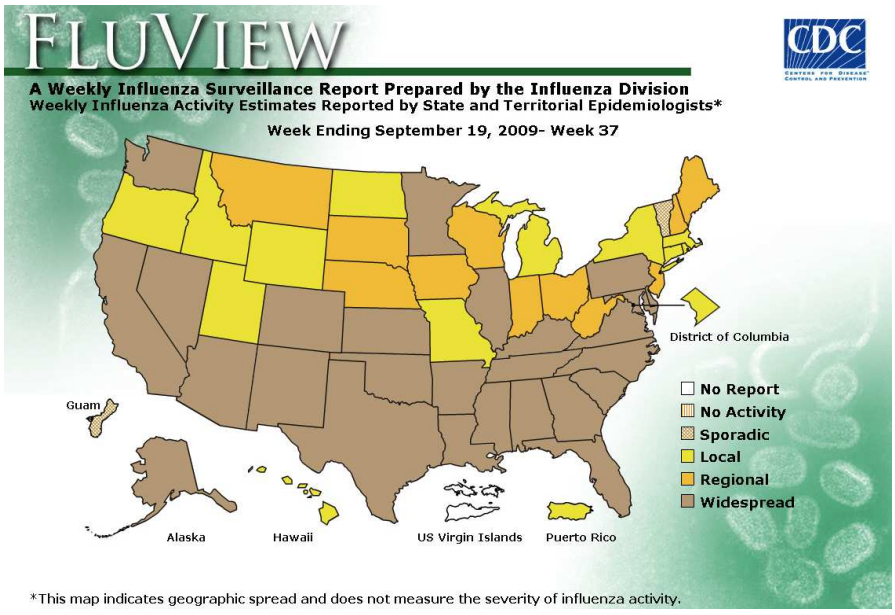
	Samples tested (n)	Resistant Viruses, Number (%)	Samples tested (n)	Resistant Viruses, Number (%)	Samples tested (n)	Resistant Viruses, Number (%)
		Oseltamivir		Zanamivir		Adamantanes
Seasonal Influenza A (H1N1)	1,148	1,143 (99.6%)	1,148	0 (0)	1,153	6 (0.5%)
Influenza A (H3N2)	261	0 (0)	261	0 (0)	261	261 (100%)
Influenza B	654	0 (0)	654	0 (0)	N/A*	N/A*
2009 Influenza A (H1N1)	1,678	9†‡ (0.6)	705	0 (0)	526	526 (100%)

*The adamantanes (amantadine and rimantadine) are not effective against influenza B viruses.
†Two screening tools were used to determine oseltamivir resistance: sequence analysis of viral genes or a neuraminidase inhibition assay.
‡Additional laboratories perform antiviral resistance testing and report their results to CDC. Two additional oseltamivir resistant 2009 influenza A (H1N1) viruses have been identified by these laboratories, bringing the total number to 11.

Percentage of Visits for Influenza-like Illness (ILI) Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet), National Summary 2008-09 and Previous Two Seasons



*There was no week 53 during the 2006-07 and 2007-08 seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.



To access the entire CDC weekly surveillance report, visit http://www.cdc.gov/flu/weekly/fluactivity.htm

From http://www.cdc.gov/h1n1flu/updates/us/#totalcases:

Cases Defined by	Hospitalizations	Deaths
Influenza and Pneumonia Syndrome*	8,392	822
Influenza Laboratory-Tests**	690	114
Totals:	10,082	936

*Reports can be based on syndromic, admission or discharge data, or a combination of data elements that could include laboratory-confirmed and influenza-like illness hospitalizations.
**Laboratory confirmation includes any positive influenza test (rapid influenza tests, RT-PCR, DFA, IFA, or culture), whether or not typing was done.

International (WHO, August 7): This seasonal influenza activity report is available online at http://www.who.int/csr/disease/influenza/update/en/.

MDCH reported **REGIONAL INFLUENZA ACTIVITY** to the CDC for the week ending Sept. 26, 2009.

For those interested in additional influenza vaccination and education information, the MDCH *FluBytes* is available at http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40563-125027--,00.html.

Avian and Novel Influenza Activity

WHO Pandemic Phase: Phase 6 – characterized by increased and sustained transmission in the general population. Human to human transmission of an animal or human-animal influenza reassortant virus has caused sustained community level outbreaks in at least two WHO regions.

National, 2009 H1N1 Research (MMWR 2009; 58 early release [edited], September 29): In previous influenza pandemics, studies of autopsy specimens have shown that most deaths attributed to influenza A virus infection occurred concurrently with bacterial pneumonia (1), but such evidence has been lacking for the pandemic influenza A (H1N1) 2009 virus. To help determine the role of bacterial coinfection in the current influenza pandemic, CDC examined postmortem lung specimens from patients with fatal cases of pandemic influenza A (H1N1) 2009 virus infection for bacterial causes of pneumonia. During 1 May to 20 Aug 2009, medical examiners and local and state health departments submitted specimens to CDC from 77 US patients with fatal cases of confirmed 2009 pandemic influenza A (H1N1) virus infection. This report summarizes the demographic and clinical findings from these cases and the laboratory evaluation of the specimens. Evidence of concurrent bacterial infection was found in specimens from 22 (29 per cent) of the 77 patients, including 10 caused by Streptococcus pneumoniae (pneumococcus). Duration of illness was available for 17 of the 22 patients; median duration was 6 days (range: 1 to 25 days). Of 18 patients for whom information was available, 14 sought medical care while ill, and 8 (44 per cent) were hospitalized. These findings confirm that bacterial lung infections are occurring among patients with fatal cases of 2009 pandemic influenza A (H1N1) and underscore both the importance of pneumococcal vaccination for persons at increased risk for pneumococcal pneumonia and the need for early recognition of bacterial pneumonia in persons with influenza.

The entire article is available online at
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0929a1.htm?s_cid=rr58e0929a1_e.

International, Antivirals (WHO Pandemic (H1N1) briefing note 12 [edited], September 25): Growing international experience in the treatment of pandemic H1N1 virus infections underscores the importance of early treatment with the antiviral drugs, oseltamivir or zanamivir. Early treatment is especially important for patients who are at increased risk of developing complications, those who present with severe illness or those with worsening signs and symptoms.

The experience of clinicians, including those who have treated severe cases of pandemic influenza, and national authorities suggests that prompt administration of these drugs following symptom onset reduces the risk of complications and can also improve clinical outcome in patients with severe disease. This experience further underscores the need to protect the effectiveness of these drugs by minimizing the occurrence and impact of drug resistance.

WHO encourages clinicians to be alert to two situations that carry a high risk for the emergence of viruses resistant to oseltamivir. The risk of resistance is considered higher in patients with severely compromised or suppressed immune systems who have prolonged illness, have received oseltamivir treatment (especially for an extended duration), but still have evidence of persistent viral replication. The risk of resistance is also considered higher in people who receive oseltamivir for so-called “post-exposure

prophylaxis" following exposure to another person with influenza, and who then develop illness despite taking oseltamivir.

In both of these clinical situations, health care staff should respond with a high level of suspicion that oseltamivir resistance has developed. Laboratory investigation should be undertaken to determine whether resistant virus is present and appropriate infection control measures should be implemented or re-enforced to prevent spread of the resistant virus. When a drug-resistant virus is detected, WHO further recommends that an epidemiological investigation be undertaken to determine whether onward transmission of the resistant virus has occurred. In addition, community surveillance for oseltamivir-resistant pandemic H1N1 virus strains should be enhanced.

In general, WHO does not recommend the use of antiviral drugs for prophylactic purposes. For people who have had exposure to an infected person and are at a higher risk of developing severe or complicated illness, an alternative option is close monitoring for symptoms, followed by prompt early antiviral treatment should symptoms develop. WHO has also recommended against the use of a particular antiviral where the virus is known or highly likely to be resistant to it. For this reason, zanamivir is the treatment of choice for patients who become ill while on oseltamivir prophylaxis.

Systematic surveillance conducted by the Global Influenza Surveillance Network, supported by WHO Collaborating Centres and other laboratories, continues to detect sporadic incidents of H1N1 pandemic viruses that show resistance to oseltamivir. To date, 28 resistant viruses have been detected and characterized worldwide. All of these viruses show the same H275Y mutation that confers resistance to the antiviral oseltamivir, but not to the antiviral zanamivir. Zanamivir remains a treatment option in symptomatic patients with severe or deteriorating illness due to oseltamivir-resistant virus.

Twelve of these drug-resistant viruses were associated with the use of oseltamivir for post-exposure prophylaxis. Six were associated with the use of oseltamivir treatment in patients with severe immunosuppression. Four were isolated from samples from patients receiving oseltamivir treatment. A further two were isolated from patients who were not taking oseltamivir for either treatment or prophylaxis. Characterization of the remaining viruses is under way.

These numbers are comparatively small at present. Worldwide, more than 10,000 clinical specimens (samples and isolates) of the pandemic H1N1 virus have been tested and found to be sensitive to oseltamivir.

These data support several conclusions. Cases of oseltamivir-resistant viruses continue to be sporadic and infrequent, with no evidence that oseltamivir-resistant pandemic H1N1 viruses are circulating within communities or worldwide. To date, person-to-person transmission of these oseltamivir resistant viruses has not been conclusively demonstrated. In some situations, however, local transmission may have occurred, but without any further onward or ongoing transmission.

Except for immunocompromised patients, those infected with an oseltamivir-resistant pandemic H1N1 virus have experienced typical uncomplicated influenza symptoms. No evidence suggests that oseltamivir-resistant viruses are causing a different or more severe form of illness.

The occurrence of oseltamivir-resistant viruses is expected and is consistent with observations from early clinical trials. As use of antiviral drugs continues to grow, further reports of drug-resistance viruses are certain to occur. WHO and its network of collaborating laboratories are closely monitoring the situation and will issue information and advice on a regular basis as indicated.

Michigan Wild Bird Surveillance (USDA, as of October 1): For the 2009 testing season (April 1, 2009 - March 31, 2010), HPAI subtype H5N1 has not been recovered from any of the 43 Michigan samples tested to date, including 34 live wild bird and 9 morbidity/mortality specimens. H5N1 HPAI has not been recovered from 9784 bird or environmental samples tested nationwide for the 2009 season. For more information, visit the National HPAI Early Detection Data System at http://wildlifedisease.nbii.gov/ai/.

To learn about avian influenza surveillance in Michigan wild birds or to report dead waterfowl, go to Michigan's Emerging Disease website at http://www.michigan.gov/emergingdiseases.

Please contact Susan Peters at PetersS1@Michigan.gov with any questions regarding this newsletter or to be added to the weekly electronic mailing list.

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Table 1. H5N1 Influenza in Poultry (Outbreaks up to September 20, 2009)

(Source: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm Downloaded 9/22/09)

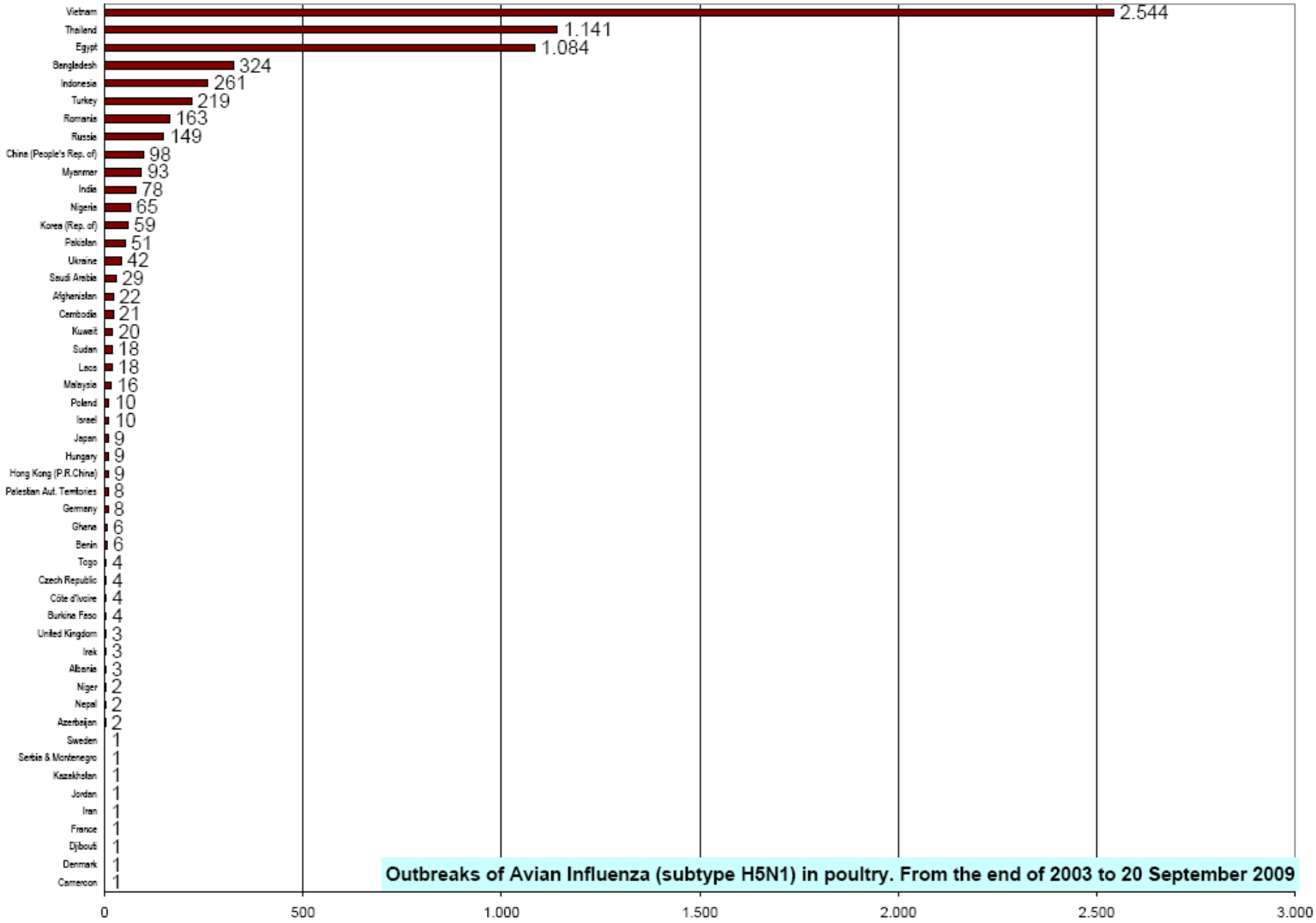

Table 2. H5N1 Influenza in Humans (Cases up to September 24, 2009)

(http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_09_24/en/index.html Downloaded 9/24/2009)

Cumulative number of lab-confirmed human cases reported to WHO. Total number of cases includes deaths.

Country	2003		2004		2005		2006		2007		2008		2009		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0	8	5
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	0	0	8	7
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4	38	25
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	36	4	87	27
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	0	0	141	115
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0	2	2
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0	3	1
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	4	4	111	56
Total	4	4	46	32	98	43	115	79	88	59	44	33	47	12	442	262